DEFENSE LOGISTICS AGENCY

AMERICA'S COMBAT SUPPORT LOGISTICS AGENCY











How to Enroll Application for Participation

Last Updated March 12, 2014



Enrollment

- To enroll in the 1033 Program:
 - An LEA must complete an Application for Participation
- The Chief Executive Official of the LEA must sign the application.
- The State Coordinator will validate / sign the application and forward to LESO for approval.
- LESO will approve / disapprove within 1 business day and send the agency's new DODAAC to the State Coordinator.



Application Information

- Located on our website:
 - https://www.dispositionservices.dla.mil/rtd03/leso/ -"Forms" tab
 - -"LEA Application for Participation"
- Form fillable
- Digital signature capable



Common Mistakes

- New or Update Box not checked at the top of the form
- P.O. BOX Must be a physical address
 - P.O. Box may be entered in the Mailing Address Block
- Not legible Form Fillable and can be typed
- No SIGNATURES on application



Application for Participation

	NFORCEMENT AGEN CATION FOR PARTIC		CLEAR
*This application must be updated a		ys of any cha	nges or on an annual basis
NEW UPDA	TE SCREENE	R ID (Update	e Only):
AGENCY:			
PHYSICAL ADDRESS (No P.O. Box):			
MAILING ADDRESS (If different than ab	oove):		
CITY:		STATE:	
ZIP:EN	IAIL:		
PHONE:	FAX:		
NUMBER OF COMPENSATED OF			
FULL-TIME:	PART-TIME:		
SCREENER *MAIN POC: Designated POC for	k(S) POC: MUST HAVE A		
-			
SCREENER/MAIN POC: SCREENER/POC #2:			
SCREENER/POC #3:			
SCREENER/POC #4:			
WEAPON POC (Optional):			
AIRCRAFT POC (Optional):			
includ 11 de (optiona).	INVENTORY CHECK		
Does the Agency currently have any equip		-	s O NO O
	100010001	.08	
WEAPONS: YES NO AIRCRA	AFT: YES) NO	WATERCRAFT: YESO NO
FACTICAL: YES NO OTHER PROPE	CONTROLLED: YES) NO	DEMIL A: YES NO (LESS THAN A YEAR OLD)
By signing this application, the Chief E			al Field Office) is aware of
208/1033 Property currently in the pos			10 141 41
Upon acceptance into the 1033 Program			amiliarize myself with the State Coordinator and that by
state Pian of Operation and an 1055 Pro	atained above is valid and	accurate.	
state Plan of Operation and all 1955 Pro- signing, I certify that all information cor			
			DATE:
igning, I certify that all information co	PRINTED NAME		DATE:
igning, I certify that all information co CHIEF EXECUTIVE OFFICIAL/:			DATE:
igning, I certify that all information co CHIEF EXECUTIVE OFFICIAL/:	PRINTED NAME SIGNATURE		DATE:
igning, I certify that all information co CHIEF EXECUTIVE OFFICIAL/: HEAD OF LOCAL AGENCY STATE COORDINATOR:	SIGNATURE		DATE:
igning, I certify that all information cor CHIEF EXECUTIVE OFFICIAL/: HEAD OF LOCAL AGENCY			
igning, I certify that all information co CHIEF EXECUTIVE OFFICIAL/: HEAD OF LOCAL AGENCY STATE COORDINATOR:	SIGNATURE		

Ensure all contact information is accurate.

If printed versus typed, please make sure the print is legible.

Note that we have added a mailing address section (if different than the physical address) based on your feedback.

Applications must be updated when address or agency name changes occur.